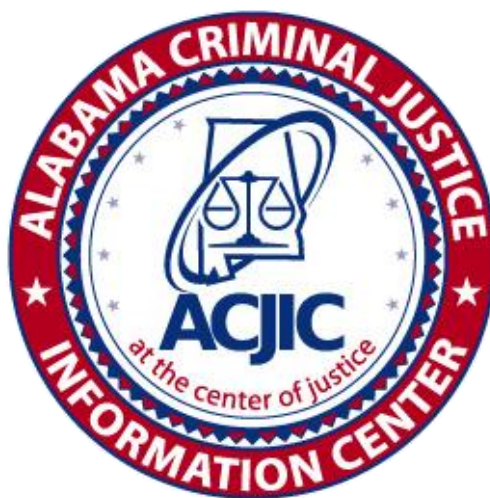


LAW ENFORCEMENT OFFICERS' HANDBOOK



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**Alabama Criminal Justice Information Center
Radio Communication Codes**

<u>Code</u>	<u>Interpretation</u>
00	Given as “double zero.” Officer needs all possible assistance.
10-0	Use caution. Details not known.
10-1	Unable to copy – change location.
10-2	Signal good.
10-3	Stop transmitting.
10-4	Acknowledgement (OK).
10-5	Relay. (J1-Personnel, J2-Property, J3-Prisoner, J4-Papers)
10-6	Busy unless urgent.
10-7	Out of service. Not subject to call.
10-8	In service.
10-9	Repeat.
10-10	Out of service. Subject to call.
10-11	Remain in service.
10-12	Stand by (stop). Remain alert for further details.
10-13	Weather and road condition.
10-14	Correct time.
10-15	Have in possession. (J1-Personnel, J2-Property, J3-Prisoner, J4-Papers)
10-16	Pick up. (J1-Personnel, J2-Property, J3-Prisoner, J4-Papers)
10-17	Urgent. Rush present detail.
10-18	Any traffic for this unit to station?
10-19	No traffic for this unit to station.
10-20	Location?
10-21	Call _____ by telephone.
10-22	Report in person to _____.
10-23	Arrived at scene.
10-24	Assignment completed.
10-25	Disregard last information or assignment.
10-26	Detaining person or vehicle. Expedite.
10-27	Driver’s license information.
10-28	Vehicle registration information.
10-29	Check for wanted.
10-30	Illegal use of radio.
10-31	Hit and run. (J1-Person, J2-Property)
10-32	Person with gun.
10-33	EMERGENCY. Maximum priority. All units and stations not involved – maintain radio silence.
10-34	Tower lights.
10-35	Major crime alert.
10-36	Urgent. Use lights and siren.
10-37	Urgent. Silent run.
10-38	Investigate suspicious vehicle. (J1-Occupied, J2-Unoccupied)
10-39	Stopping suspicious vehicle. Give all information before stopping.
10-40	Stolen vehicle.

10-41 Beginning tour of duty.
 10-42 Ending tour of duty.
 10-43 Complete present assignment quickly.
 10-44 Permission to leave assigned patrol area.
 10-45 Off day.
 10-46 Assist motorist.
 10-47 Emergency road repairs needed.
 10-48 Need assistance. (Not 00 or 10-33.)
 10-49 Traffic light out at _____.
 10-50 Accident. (F-Fatal, PI-Personal Injury, PD-Property Damage, S-State Vehicle)
 10-51 Wrecker needed.
 10-52 Ambulance needed.
 10-53 Road blocked.
 10-54 Livestock on highway. (J1-Livestock, J2-Carcass)
 10-55 Intoxicated driver.
 10-56 Intoxicated pedestrian.
 10-57 Crime in progress.
 10-58 Direct traffic.
 10-59 Convoy to escort.
 10-60 Attempt to contact.
 10-61 Return to _____.
 10-62 Reply to message.
 10-63 Prepare to make written copy.
 10-64 Message for local delivery.
 10-65 Radio log number.
 10-66 Message, dispatch or assignment cancellation.
 10-67 Prowler report.
 10-68 Dispatch information.
 10-69 Car-to-car clearance.
 10-70 Fire alarm. (F-Forest, H-House, V-Vehicle)
 10-71 Report progress on fire.
 10-72 Meet complainant.
 10-73 Supervisor needed.
 10-74 Intoximeter operator needed.
 10-75 Photographer needed.
 10-76 Investigator needed.
 10-77 Narcotics agent needed.
 10-78 Notify coroner.
 10-79 In contact with _____.
 10-80 DCG-Disaster Control Group (Op Con 1, Op Con 2, Op Con 3)
 10-81 Squad in vicinity.
 10-82 Reserve lodging.
 10-83 Cancel reservations.
 10-84 En route.
 10-85 Will be late.
 10-86 Missing person.
 10-87 ETA (Estimated time of arrival.)
 10-88 Present telephone number of _____.

10-89	Dead person.
10-90	Bank alarm.
10-91	Unnecessary use of radio.
10-92	Murder.
10-93	Blockade. (Road block.)
10-94	Drag racing.
10-95	Reckless driving.
10-96	Mentally ill or mentally retarded person.
10-97	Civil disturbance. (A-Racial, B-Teenagers, C-Crowd gathering, D-Fighting)
10-98	Prison or jail break.
10-99	Records indicate wanted or stolen.
10-100	Hot pursuit.
10-100A	Attempting to outrun patrol car.

Part II – Inquiries and Off-Line Searches

The Law Enforcement Data System (LEDS) is a component of the Alabama Criminal Justice Information Center. LEDS is a computer network that allows law enforcement agencies to enter stolen property, missing persons, wanted persons, etc. into the ACJIC and NCIC computer networks. Various inquiries can be made on this network in the course of an investigation. You may inquire on the following through the ACJIC/NCIC networks.

1. Driver's Licenses

Alabama Only

- By Name, Date of Birth (DOB), Race and Sex **or**
- By Operator License Number (OLN)
- By Social Security Number (SOC)

Out-of-State

- By Name, Date of Birth (DOB), Race, Sex and License State **or**
- By Operator License Number (OLN) and License State
- Caution: When conducting an out-of-state check by OLN only, the check will provide out-of-state license status and a wanted check from Alabama only.

2. Vehicle Registration

Alabama Only

- By Vehicle Identification Number (VIN) **or**
- By VIN and License State **or**
- By Name **or**
- By License # (Code 10-28 Only) **or**
- By License # and License State (Codes 10-28 and 10-29 Only) **or**
- By Name and County # (Code 10-28 Only)

Out-of-State

- By VIN, Vehicle Year, Vehicle Make and License State (Up to five license states or regions - or a combination of both) **or**
- By License #, License State, License Type and License Year (Up to five license states)

3. Wanted Vehicle

- By License # and License State **or**
- By License #, License State, VIN and Vehicle Make **or**
- By VIN **or**
- By VIN and Vehicle Make

4. Wanted Boats

- By Boat Registration number **or**
- Boat Hull #

5. Stolen Articles

- By Type and Serial # **or**
- By Type, Serial # and Owner Applied Number (OAN)

6. Stolen/Recovered Guns

- By Type (Gun), Serial # and Make **or**
- By Type, Serial #, Make and Caliber

7. Wanted or Missing Person

- By Name, Sex, Race and DOB **or**
- By Name and Social Security # **or**
- By Name and Operator License #

8. Criminal History Summary

- By Name, Sex, Race and DOB **or**
- By Name and Social Security # **or**
- By Name and State Identification # **or**
- By Name and FBI #
- *Please note: Criminal history information cannot routinely be given out over the radio and should not be transmitted. Obtain only upon return to base.*

9. Vehicle Data Searches (These are off-line searches.)

- By Partial Tag **or**
- By Partial VIN with Vehicle Make **or**
- By Vehicle Owner's Name **or**
- By Vehicle Description (Vehicle make, model, year, year range, etc. – Obtain as much information about vehicle as possible to assist in searching.) **or**
- By County (Include as much information about vehicle as possible to assist in searching.)
- *Please note: Requests for searches by vehicle description and county may be used only after the first three options have been exhausted. Vehicle data searches may be obtained by calling ACJIC Technical Assistance at 1.800.392.8025 or 334.832.4930. All vehicle data searches are limited to law enforcement criminal investigations.*

10. Log Searches – The dissemination of system logs as defined herein shall be limited to the following:

- ACJIC staff as authorized by the Director when necessary for the performance of their duties;
- The Director (chief, sheriff or chief executive officer) of the department, agency or other entity whose activity the report concerns;
- Any other person or entity upon order of a court of competent jurisdiction; and
- Upon formal, written request to the ACJIC Director, to a criminal justice agency conducting an official investigation of alleged or suspected criminal activity in which said records may be useful to the investigating authority.

Part III – Alabama Uniform Incident/Offense (IO) Report Instructions

General Information

The Alabama Uniform Incident/Offense, Supplement and Arrest reports were revised in January 2006. Previous versions are valid until January 1, 2008.

General instructions for completing paper forms include the following.

1. Print (legibly) or type.
2. Use black ink (for copying purposes).
3. When putting check marks in boxes, be sure your choice is obvious. Put the point of your pen inside the box that corresponds to the correct choice when making a check or make an “X” inside the box.
4. Shaded areas on these reports are to be completed by the Uniform Crime Reporting (UCR) clerk in your agency. UCR clerks have been provided with the listings of various codes.
5. Located on the back of the Incident/Offense report, following the narrative, is a signature line. You **must** have the victim/complainant sign this report if any information on this crime report is entered in the NCIC computer network. The signature is necessary to protect you and your department from possible lawsuits. It is also required for monthly validations.

Information Concerning Release of IO Reports to the Public and Media

The information contained on the front page of the 2006 version of the Alabama Uniform Incident/Offense Report is generally considered to be a public record.

The only time a local law enforcement agency may deny a member of the public information contained on the front page of an IO Report is when one or more of the following reasons apply:

- When disclosure of the information would compromise criminal investigations, result in potential harm to innocent persons or infringe upon the constitutional rights of the accused;
- When keeping all or a portion of a report confidential is necessary to protect witnesses and/or victims;
- To protect the identities of law enforcement officers currently working undercover with their agencies;
- When disclosure would reveal the identity of informants;
- When disclosure of the information would impede an agency’s enforcement or detection efforts;
- When disclosure would reveal investigatory techniques; and/or

- When disclosure would deprive a person of a right to a fair trial or an impartial adjudication.

Agency heads shall not establish any policies or procedures that would routinely prevent access to information contained on the front page of the incident offense report. Any decision to deny the public access to data contained on the front page of the IO report should be made on a case by case basis.

Local law enforcement officials are not required to release the second page of an IO report. However, local agencies may release any information contained within the second page of the IO report at the discretion of the chief executive officer provided the information would not be otherwise exempted from release as described within this chapter.

In the event an agency head determines information from the second page of the IO report will be routinely provided to the public, the same exceptions cited above may be used to deny access to information on a case by case basis.

When establishing local policies concerning the release of information, law enforcement officials should establish policies and procedures to ensure the following information is redacted from **all** IO reports prior to being released to members of the public and/or media.

- Social security numbers, unlisted telephone numbers and any medical information;
- Identifying information concerning juveniles.

For the purposes of this chapter, identifying information shall include: name, telephone number, street address and exact date of birth. (Age, sex, race, city, state and zip code data will not be considered identifying information.)

Given the exemptions listed above, law enforcement agencies shall comply with the following policies governing the dissemination of information:

- No request to inspect, copy, or obtain copies of IO reports shall be denied on the ground that information exempt from disclosure is commingled with nonexempt information;
- Any reasonably segregable portion of a record shall be provided after deletion of the exempt information; and
- If it is necessary to separate exempt from nonexempt information in order to permit a citizen to inspect, copy, or obtain copies of public records, the custodian shall bear the cost of the separation.
- Nothing in this chapter shall be construed to prevent any and all public bodies from having among them a free flow of information for the purpose of achieving a coordinated and effective detection, investigation and prosecution of unlawful activity.

Purpose of Reports

In general, IO Reports are completed for the following reasons:

1. To provide a record of a police officer's activities and findings;
2. To establish a permanent record of a case;
3. To serve as a basis for prosecution;
4. To explain how and where police officers and their equipment are used;
5. To provide a basis for budget planning;
6. To identify training needs; and
7. To facilitate information exchanges between agencies.

When to Write a Report

1. Whenever police service or action is requested.
 - a. An IO report is completed for every incident or offense investigated by an assigned officer.
 - b. An IO supplement is completed by any officer who obtains additional information about a case.
 - c. An arrest report is completed for each arrest made for your jurisdiction even if the arrestee is not taken into custody.
2. All complaints which involve the commission or attempted commission of a felony or misdemeanor.
3. Hit and run automobile accidents.
4. Any other situation so designated by the head of the department.

Completing the Report

ACJIC reporting forms – whether paper or electronic – are designed for simplicity and ease of recording. Forms are composed of:

- Identifiable sections;
- Separate fill-in blocks for each data element (in the case of paper forms); and
- Check off boxes or options to be circled (or drop down boxes in the case of electronic forms) to save time.

The blocks are self-explanatory, and each block (or data element) is fully described in this section. (Numbers in parentheses indicate block numbers on paper reporting forms.)

In this handbook, an asterisk (*) indicates a data element. Two asterisks (**) indicate a data element that may be required based on the type offense.

Page 1 of IO Report

1 ORI # A L	2 Date of Report	3 Time of Report :	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MIL	4 Type Report <input type="checkbox"/> Incident <input type="checkbox"/> Offense <input type="checkbox"/> Supplement	5 Supplement Date	6 Agency Case Number	7 Suffix
8 Agency Name							9 Sector

***ORI (1)** – Nine spaces are allowed for your Agency Identification Number (ORI). (Required data element.)

***Date (2)** – Dates on paper reports should be entered using a MMDDYY format. (Example: March 17, 2005 = 03/17/05.) (Required data element.)

***Time of Report (3)** – Times on may be entered as AM, PM or Military (24 hour clock). Put the time in the blocks provided and check the correct time type. (Required data element.)

***Type of Report (4)** – Select Incident, Offense or Supplement. (Required data element.)

- Incident – Any non-criminal activity for which an officer is called. Examples include dog bites and home alarm system calls.
- Offense – Any criminal offense for which an officer is called.
- Supplement – Supplement reports generally are used to: clear cases, add stolen/recovered property to a previously submitted offense and change previously reported UCR codes. Supplement reports must include 1) the original case number, 2) the date of the original IO report and 3) the date of the supplement. If a supplement is being used to clear a case, at a minimum the offender's sex, race and age (DOB) must be reported. For agencies who supply data to ACJIC electronically, supplemental information typically is entered on the original IO report and resubmitted.

Supplement Date (5) – Dates on paper reports should be entered using a MMDDYY format. Only complete this block if this report is a supplement.

***Agency Case Number (6)** – A case number may be up to twelve digits and must be unique for each IO report completed within an agency. Case numbers are assigned by the Communications Officer. If the report does not originate from a dispatched call, the investigation officer must call his or her agency to have an agency case number assigned. (Required data element.)

Suffix (7) – When used, the suffix block becomes part of the original case number. Up to two alpha or numeric characters may be entered, and the intended use is to associate multiple cases. (Optional data element.)

- Example: There is a double homicide (two victims), so two IO reports must be completed. The case number suffix is used to tie these two cases together.
 - Case # 050317010-01 = Victim #1
 - Case # 050317010-02 = Victim #2

Agency Name (8) – Enter the name of your law enforcement agency.

Sector (9) – Indicate the sector (beat, district, road code, census tract, etc.) your agency uses to identify the geographical area in which the offense occurred. Leave blank if your department does not use such codes. Keep in mind that sector codes can be beneficial in breaking out criminal activity by area in your jurisdiction. (Optional data element.)

EVENT	10 Type of Incident or Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Attempted <input type="checkbox"/> Completed				11 Degree (Circle) 1 2 3		12 UCR Code		13 State Code/Local Ordinance		28 Domestic Violence Yes <input type="checkbox"/> No <input type="checkbox"/>			
	14 Type of Incident or Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Attempted <input type="checkbox"/> Completed				15 Degree (Circle) 1 2 3		16 UCR Code		17 State Code/Local Ordinance					
	18 Place of Occurrence <input type="checkbox"/> Check here if event occurred at victim's residence				Victim Demographics (Where victim is an individual)									
	If offense occurred at victim's residence, then only the approximate location should be listed in this section. (For example, a block number should be entered.) If the offense occurred elsewhere, then the specific address should be listed here.				19 Sex <input type="checkbox"/> M <input type="checkbox"/> F		20 Race <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		21 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		22 Multiple Victims <input type="checkbox"/> LE Officer		23 Age	
					24 Offender Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> N/A		25 <input type="checkbox"/> Juvenile Gang <input type="checkbox"/> Adult Gang <input type="checkbox"/> None/Unknown		26 Hate Bias <input type="checkbox"/> Yes <input type="checkbox"/> No		27 Bias Code			
	29 Point of Entry <input type="checkbox"/> Door <input type="checkbox"/> Roof <input type="checkbox"/> Window <input type="checkbox"/> Other		30 Method of Entry <input type="checkbox"/> Forcible <input type="checkbox"/> Attempted Forcible <input type="checkbox"/> No Force		31 Local Use		32 Lighting 1 Natural 2 Moon 3 Artificial Exterior 4 Artificial Interior 5 Unknown		33 Weather 1 Clear 2 Cloudy 3 Rain 4 Fog 5 Snow 6 Hail 7 Unknown		34 Location Type (Circle) 01 Terminal 09 Drug Store 17 Liquor Store 02 Bank 10 Field/Woods 18 Parking Lot/Garage 03 Bar 11 Govt/Public Building 19 Storage Facility 04 Church 12 Supermarket 20 Residence/Home 05 Commercial 13 Highway/Street 21 Restaurant 06 Construction 14 Hotel/Motel 22 School/College 07 Conv Store 15 Jail/Prison 23 Service/Gas Station 08 Dept Store 16 Lake/Waterway 24 Specialty Store 25 Other/Unknown			
	35 Occurred from MM/DD/YY		36 Time of Event AM <input type="checkbox"/> PM <input type="checkbox"/> MIL <input type="checkbox"/>		37 Day of Week S M T W T F S 1 2 3 4 5 6 7		38 Occurred to MM/DD/YY		39 Time of Event AM <input type="checkbox"/> PM <input type="checkbox"/> MIL <input type="checkbox"/>		40 Day of Week S M T W T F S 1 2 3 4 5 6 7		41 # Premises Entered (Burglary)	
	42 Type Criminal Activity B Buying/Receiving D Distributing/Selling O Operating/Promoting T Transporting/Importing C Cultivating/Manu E Exploiting Children P Possessing/Concealing U Using/Consuming				43 Victim Type I Individual F Financial (Bank) R Religious Org B Business G Government S Society									

***Type Incident or Offense (10, 14)** – Select the appropriate box to indicate if the offense is a 1) felony or 2) misdemeanor. Also select whether the offense was 1) attempted or 2) completed. List the nature of the offense or incident being investigated. When more than one offense is involved, list each offense beginning with the most serious. Up to two offenses may be listed on the paper form. Additional offenses for agencies using paper reports should be listed on an offense supplement. (Required data element.)

Degree (11, 15) – Select 1st, 2nd or 3rd. If you are unsure about the degree or no degree is associated with the offense, leave blank. (Optional data element.)

***UCR Code (12, 16)** – For agencies using paper reports, this should be filled in by your agency's UCR clerk. (Required data element.)

State Code/Local Ordinance (13, 17) – Cite Alabama's state code or the local ordinance that was violated.

Place of Occurrence (18) – This is the location that is generally considered to be public information. If the place of occurrence is the victim's residence, the reporting officer shall list the approximate location where the incident or offense occurred, and check the appropriate box on the form to indicate the exact event location was the victim's residence. Examples of an "approximate location" include block number or the street name if the street does not have multiple blocks. In these cases, the exact location of the incident should be listed on the second page in the section where victim/complainant information is collected.

If an incident occurs at a business or any other public place – e.g. store, restaurant, park, parking lot or garage, shopping mall, government building, etc. – then the exact street address should be listed.

Victim Demographics Section

Sex (19) – Select M for Male or F for female. (Select both if there were one or more victims of both sexes.)

Race (20) – Select W for White, B for Black, A for Asian or I for Indian. (More than one option may be selected if multiple victims were present.)

Ethnicity (21) – Select Hispanic if this applies. Other or additional entries can be made by checking the Other box and entering the correct response in the space provided. (This space may also be used to indicate the victim's national origin which may be important in reporting and investigating hate crimes.)

Age (22) – Enter the exact age (if known) of the first victim listed in the Victim Section of the Report.

Multiple Victims/LE Officer (23) – Check the Multiple Victims box if more than victim was reported. Check the LE Officer box if one or more victims of the offense was a law enforcement officer. (Both boxes may be selected if both apply.)

***Offender Suspected of Using (24)** – This block is used to indicate whether any of the offenders/suspects listed in the incident/offense report were suspected of consuming alcohol or using drugs/narcotics during or shortly after before the incident/offense; or of using a computer, computer terminal, or any other computer equipment to perpetrate the crime. Any or all of the following three categories can be used for each offense:

- Alcohol;
- Drugs/Narcotics; and/or
- Computer Equipment.

If the offenders/suspects were not suspected using alcohol, drugs or computer equipment – or if it is unknown – mark N/A on the form.

***Gang Activity (25)** – This box is to be used to indicate whether any of the offenders/suspects listed in the incident/offense report were involved in adult or juvenile gang activity. If the offenders/suspects were not suspected or being involved in gang activity – or if it is unknown – mark N/A on the form.

***Hate Bias (26)** – This box is to be used to indicate whether the offense being reported was motivated by the victim's race, religion, ethnicity/national origin, sexual orientation or physical/mental disability. If the answer is "yes," then a separate Hate Crime Incident Report should be completed for the offense. (Please note: Even though Alabama's sentence enhancement for Hate Crimes [Section 13A-5-13] does not apply to crimes motivated by the victim's sexual orientation, for UCR reporting purposes these crimes are still considered as hate crimes according to the FBI's definition.)

****Bias Code (27)** – This box is to be completed by the UCR clerk in cases where “yes” is checked in the previous block. This code denotes the bias motivation of the offender. Bias codes used by Alabama’s UCR Program are as follows:

Racial Bias

- 11 - Anti-White
- 12 - Anti-Black
- 13 - Anti-American Indian/Alaska Native
- 14 - Anti-Asian/Pacific Islander
- 15 - Anti-Multi-Racial Group

Religious Bias

- 21 - Anti-Jewish
- 22 - Anti-Catholic
- 23 - Anti-Protestant
- 24 - Anti-Islamic
- 25 - Anti-Other Religious Group (Buddhism, Hinduism, Shintoism, Scientology)
- 26 - Anti-Multi-Religious Group
- 27 - Anti-Atheist/Agnostic

Ethnicity/Racial Bias

- 32 - Anti-Arab
- 33 - Anti-Hispanic
- 34 - Anti-Other Ethnicity/National Origin

Sexual Orientation Bias

- 41 - Anti-Male Homosexual (Gay)
- 42 - Anti-Female Homosexual (Lesbian)
- 43 - Anti-Homosexual (Gay and Lesbian)
- 44 - Anti-Heterosexual
- 45 - Anti-Bisexual

Disability Bias

- 51 - Anti-Physical Disability
- 52 - Anti-Mental Disability

Domestic Violence (28) – Check this box (next to the vertical text on right hand side of form) if the case being reported involved domestic violence.

****Point of Entry (29)** – Select the appropriate response from: door, window, roof or other. (Required for all burglaries and unlawful entries.)

****Method of Entry (30)** – Select the appropriate response from: forcible, no force or attempted forcible. (Required for all burglaries and unlawful entries.)

Local Use (31) – This area is provided for local agency use. Your department may determine how this data element is used. For instance, local use codes can be used to keep track of certain types of offenses for further study. For instance, a department might require officers to enter a “D” in this block to indicate a drug related offense. Entries may be alpha or numeric.

***Lighting (32)** – Select the option that best describes the light available in the area at the time of occurrence. (Required data element.)

***Weather (33)** – Select the option that best describes the weather during which the incident/offense occurred. (Required data element.)

***Location Type (34)** – Select the option that best describes the type of location where the incident/offense occurred. (Required data element.)

***Occurred on or between (35-37, 38-40)** – This data element is designed for you to be able to record a specific time or time interval. If you know the exact time of the incident/offense, enter this time in the first set of time/date blocks. If you only know that the incident/offense occurred between two known times, complete both sets of time/date blocks. Select whether the reported time was AM, PM or Military (24-hour clock). (Required data element.)

****# of Premises Entered (41)** – For all burglaries, enter the total number of premises entered here. (Required data element for burglaries.)

****Type Criminal Activity (42)** – This should be reported for the following offenses: Counterfeiting/Forgery; Stolen Property Offenses; Drug/Narcotic Violations; Drug Equipment Violations; Pornography/Obscene Material; and Weapon Law Violations. Up to three activities may be selected from the following:

- B - Buying/Receiving;
- C - Cultivating/Manufacturing/Publishing/Producing;
- D - Distributing/Selling;
- E - Exploiting Children;
- O - Operating/Promoting/Assisting;
- P - Possessing/Concealing;
- T - Transporting/Transmitting/Importing; and/or
- U - Using/Consuming.

***Victim Type (43)** – The type of victim is to be reported for each numbered victim. Only one of the following types is to be reported for each victim:

- I - Individual;
- B - Business;
- F - Financial Institution;
- G - Government;
- R - Religious Organization; or
- S - Society/Public.

Property Description Section – This section is designed to record information concerning property stolen or recovered during an incident or offense. It is important that the investigator obtain as much information as possible about any reported property, because this information will be a key factor in court testimony and in returning property to its rightful owner. (Optional data elements.)

PROPERTY	44 Loss Code	45 Property Code	46 Qty	47	Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc.	48 Dollar Value		49 Recovered	
						Stolen	Damaged	Date	Value
					<input type="checkbox"/> Continued on Supplement				
Loss Code (Enter letter in loss code column) S Stolen B Burned R Recovered F Forged/ D Damaged/ Counterfeited Destroyed N None C Confiscated/ Seized		Property Code (Enter # in property type column) 01 Aircraft 07 Computer 02 Alcohol 08 Consumables 03 Autos 09 Credit Card 04 Bicycles 10 Drugs 05 Buses 11 Drug Equip 06 Clothes 12 Farm Equip 13 Firearms 14 Gambling Equipment 15 Heavy Construction		16 Household Goods 25 Purse/Wallet 17 Jewelry 26 Radios/TV/VCR 18 Livestock 27 Recordings 19 Merchandise 28 RV's 20 Money 29 Structure - Single Occupancy Dwelling 21 Negotiable Instrument 30 Structure - Other Dwelling 22 Non-negotiable Instru 31 Structure - Other Commercial 23 Office Equipment 32 Structure - Industrial/ Manufacturing 24 Other Motor Vehicle 33 Structure - Public/Community		34 Structure - Storage 35 Structure - Other 36 Tools - Power/Hand 37 Trucks 38 Vehicle Parts/Accessories 39 Watercraft 77 Other			

- **Loss Code (44)** – Enter the numeric code that indicates the type of loss incurred by the victim for each type of property entered from the following choices:
 - 01 - None;
 - 02 - Burned;
 - 03 - Conterfeited/Forged;
 - 04 - Destroyed/Damaged;
 - 05 - Recovered;
 - 06 - Seized; or
 - 07 - Stolen.

- **Property Code (45)** – Enter the numeric code that indicates the type of property being reported from the following choices:
 - 01 - Aircraft – airplanes, dirigibles, gliders, etc.;
 - 02 Alcohol – alcoholic beverages such as beer, wine and liquor;
 - 03 - Autos – sedans, coupes, station wagons, convertibles, taxicabs, and other similar motor vehicles which serve the primary purpose of transporting people;
 - 04 - Bicycles – includes tandem bicycles, unicycles and tricycles;
 - 05 - Buses motor vehicles which are specifically designed, but not necessarily used to transport groups of people on a commercial basis;
 - 06 - Clothes/Furs – wearing apparel for human use including accessories such as belts, shoes, scarves, ties, etc;
 - 07 - Computer Hardware/Software – computers, computer peripherals, printers and storage media;

- 08 - Consumables – expendable items used by humans for nutrition, enjoyment or hygiene such as food, beverages, grooming products, cigarettes, gasoline and firewood;
- 09 - Credit/Debit Cards – includes automatic teller machine cards;
- 10 - Drugs/Narcotics;
- 11 - Drugs/Narcotics Equipment;
- 12 - Farm Equipment – includes tractors, combines, etc;
- 13 - Firearms – weapons that fire a shot by force of an explosion such as handguns, shotguns, rifles, etc. (Does not include “BB,” pellet, paint-ball or other gas powered guns);
- 14 - Gambling Equipment;
- 15 - Heavy Construction/Industrial Equipment – cranes, bulldozers, steamrollers, oil drilling rigs, etc;
- 16 - Household Goods – beds, chairs, desks, sofas, tables, refrigerators, stoves, washers, dryers, air conditioners and heating equipment;
- 17 - Jewelry/Precious Metals – bracelets, necklaces, rings, watchers, silver, gold, platinum, etc;
- 18 - Livestock – living farm animals such as cattle, chickens, hogs, horses and sheep; (Does not include household pets);
- 19 - Merchandise – items held for sale;
- 20 - Money – legal tender such as coins and currency;
- 21 - Negotiable Instruments – any document other than currency which is payable without restriction such as endorsed checks, endorsed money orders and bearer bonds;
- 22 - Non-negotiable Instrument – documents requiring further action to become negotiable such as unendorsed checks, food stamps, stocks and bonds;
- 23 - Office Equipment – typewriters, adding machines, calculators, cash registers, copying machines, etc;
- 24 - Other Motor Vehicle – any motor vehicle other than automobiles, buses, trucks or SUV’s such as motorcycles, moter scooters, mopeds, snowmobiles, golf carts and four wheelers;
- 25 - Purses/Handbags/Wallets;
- 26 - Radios/TV/VCR includes radios, televisions, videotape recorders, stereo equipment, compact disk players, etc;
- 27 - Recordings – Audio/Visual – records, tapes, compact disks, etc;
- 28 - Recreational Vehicles – motor vehicles which are specifically designed, but not necessarily used, to transport people and also provide them with temporary lodging for recreational purposes.
- 29 - Structure - Single Occupancy Dwelling – houses, townhouses, duplexes, mobile homes or other private dwellings;
- 30 - Structure - Other Dwelling – apartments, tenements, hotels, motels and inns;
- 31- Structure - Other Commercial – stores, offices, restaurants, etc;
- 32 - Structure - Industrial/ Manufacturing – factories, plants, assembly lines, etc;

- 33 - Structure - Public/Community – colleges, hospitals, jails, libraries, meeting halls, passenger terminals, religious buildings, schools, sports arenas, etc;
 - 34 - Structure – Storage – barns, garages, storehouse, warehouses, etc;
 - 35 - Structure – Other – any other structure not fitting the other structure descriptions;
 - 36 - Tools – Hand tools and power tools;
 - 37 - Trucks – motor vehicles which are specifically designed, but not necessarily used, to transport cargo on a commercial basis;
 - 38 - Vehicle Parts/Accessories – motor vehicle batteries, engines, transmissions, heaters, hubcaps, tires, manufacturer’s emblems, license plates, side mirrors, etc.;
 - 39 – Watercraft – motorboats, sailboats, houseboats, etc; or
 - 77 – Other – all other property not fitting the above descriptions.
- **Quantity (46)** – Enter the number of each item stolen or recovered.
 - **Property Description (47)** – Enter a complete description of the property stolen or recovered including the year, make, model, style, serial number, etc. (For paper reporting agencies requiring additional space, continue listing property in the narrative section or use an IO Report Supplement. If the property description is continued in the narrative, please check the box to indicate this.)
 - **Value Stolen/Damaged (48)** – Place the estimated value of each item stolen or damaged opposite its description in Block 60 using the following guidelines:
 - Use fair market value for articles which are subject to depreciation because of wear and tear, age, etc.
 - Use wholesale cost of goods stolen from retail establishments, warehouses, etc.
 - Use victim’s evaluation of items such as jewelry, watches, etc., which decrease slightly in value or not at all with use or age.
 - Use replacement cost or actual cash cost to victim for new or almost new clothes, auto, accessories, bicycles, etc.
 - Non-negotiable instruments such as travelers’ checks, personal checks, money orders, stocks and bonds, etc. should be described but no value recorded. Negotiable instruments such as bonds payable to bearer are valued as the current market price at the time of the theft.
 - **Recovered Date/Value (49)** – Enter the date (MMDDYY) the property was recovered. In the value block, indicate the estimated market value of the item(s) at the time of recovery.

Vehicles Section – If a vehicle is involved in an Incident/Offense, complete the vehicle section of the IO report.

VEHICLES	50 Stolen Vehicle Only	Area Stolen <input type="checkbox"/> Business <input type="checkbox"/> Residence <input type="checkbox"/> Rural	51 Ownership verified by: <input type="checkbox"/> Tag Receipt <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Title <input type="checkbox"/> Other	52 Veh. Categories <input type="checkbox"/> Recovered <input type="checkbox"/> Stolen <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Suspect's Vehicle <input type="checkbox"/> Abandoned <input type="checkbox"/> Unauthorized Use		
	53 Vehicle Year	54 Vehicle Make	55 Vehicle Model	56 Number Veh Stolen	57 Vehicle Description	
	58 Vehicle Style	59 Vehicle Color Top _____ Bottom _____		60 License	61 LST	62 LIY
	64 Vehicle VIN Number		65 Warrant Signed <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Motor Vehicle Recovery Only Required For 24XX UCR Code		66 Stolen in your jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?		67 Recovered in your jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?	
68 Case #	69 SFX	70 Case #	71 SFX	72 Case #	73 SFX	

- **Area Stolen (50)** – Select one of the following 1) business, 2) residence or 3) rural.
- **Ownership Verified By (51)** – Enter one of the following choices: 1) Tag Receipt, 2) Bill of Sale, 3) Title or 4) Other. (Applies to stolen vehicles only.)
- **Vehicle Involved (52)** – Select the appropriate category of the vehicle involved: 1) Stolen, 2) Recovered, 3) Suspect's Vehicle, 4) Victim's Vehicle, 5) Unauthorized Use of a Vehicle, or 6) Abandoned Vehicle.
- **Vehicle Year (53)** – Enter the last two digits of the year to indicate the year the vehicle was manufactured.
- **Vehicle Make (54)** – Enter the make of the vehicle. (Ford, Chevrolet, Toyota, etc.)
- **Vehicle Model (55)** – Enter the model of the Vehicle. (Explorer, Corvette, Camry, etc.)
- **Number Vehicles Stolen (56)** – Enter the number of vehicles stolen in the particular incident/offense. If several vehicles are stolen at one time, use a suffix number on subsequent IO reports to link the case numbers.
- **Vehicle Description (57)** – List any other identifiable descriptors such as decals, bumper stickers, dents, missing wheel covers, etc.
- **Vehicle Style (58)** – Enter the style of the vehicle. (2-door sedan, 4-door sedan, etc.)
- **Vehicle Color (59)** – Enter the color of the vehicle. If the vehicle is two colors, you may enter the top color and the bottom color on the paper report.
- **License (60)** – Enter the license tag number of the vehicle in this block. If only part of the tag number is obtained, put the numbers in the block and indicate which letters or numbers are missing. It is possible for ACJIC to run a tag search on a partial number.
- **LST – License State (61)** – Enter the state where the tag was issued.
- **LIY – License Year (62)** – Enter the year the tag was issued or expires as displayed on the tag.
- **Tag Color (63)** – Enter the color of the letters/numbers first, then the color of the background.
- **Vehicle Identification Number (64)** – Enter the complete VIN number.
- **Warrant Signed (65)** – If no warrant has been signed, select "no." If a warrant has been signed, select "yes" and enter the warrant number in the space provided. (Applies to stolen vehicles only.)
- **Stolen in Your Jurisdiction (66)** – If the recovered vehicle was stolen in your jurisdiction, select "yes." If the recovered vehicle was not stolen in your jurisdiction, select "no" and list where it was stolen. (Required for all recovered vehicles.)
- **Recovered in Your Jurisdiction (67)** – If the recovered vehicle was recovered in your jurisdiction, select "yes." If the recovery was made outside your jurisdiction, select "no" and explain where it was recovered. (Required for all recovered vehicles.)

- **Additional Cases Closed (68-73)** – Up to three additional case numbers and suffixes may be listed here. If four or more additional cases are closed, these should be listed on a supplemental report.

Administrative Section – This section contains information about the reporting/ assisting officer in the case, case status and dispositional information.

ADMINISTRATION	74 Case Status 1 Pending 2 Inactive 3 Closed	75 Multiple Cases Closed Listed Above <input type="checkbox"/> Multiple Cases Closed Listed On Supplement <input type="checkbox"/>	79 Reporting Officer _____ Officer ID Number _____
	76 Entered NCIC/ACJIC <input type="checkbox"/> Yes <input type="checkbox"/> No	77 Case Disposition 1 Cleared by Arrest (Juvenile) 2 Cleared by Arrest (Adult) 3 Unfounded 4 Exceptional Clearance 5 Administratively Cleared	80 Assisting Officer _____ Officer ID Number _____
	Date (MM/DD/YY) _____	78 Exceptional Clearance (Circle One) A Suspect/Offender Dead B Prosecution Declined/ Other Prosecution C Extradition Denied D Victim Refused to Cooperate E Juvenile (No Custody) F Death of Victim	81 Supervisor Approval _____ Officer ID Number _____
	NIC/AIN #: _____		82 Watch Commander _____ Officer ID Number _____

Case Status (74) – A case status should be indicated for all cases including non-criminal incidents.

- Pending – The case is considered pending if any additional information is required by follow-up investigation or if the case is under active investigation.
- Inactive – The case is unsolved and every reasonable avenue of investigation has been pursued and exhausted. No arrests have been made, and all active investigation has been terminated.
- Closed – The case is declared closed for UCR purposes when the entire matter has been completed and no additional police action is required. If a case is closed, disposition information must be provided.

Multiple Cases Closed Check Box (75) – Check the appropriate box(es) to indicate whether or not additional cases closed are listed in the administrative section and/or on a supplement report.

Entered ACIC/NCIC (76) – If you have entered any information from the report into the ACIC/NCIC network, indicate yes and provide the date entered.

Case Disposition (77) – Indicates how and why a case was closed.

- Cleared by Arrest (Adult/Juvenile) – An offense is “cleared by arrest” or solved for crime reporting purposes when at least one person is arrested, charged with the commission of the offense and turned over to the court for prosecution. If an arrest was made, indicate whether the defendant was under 18 (juvenile) or 18 years of age or older (adult).
- Unfounded – If a complaint is found to be false or baseless after investigation, then this category should be selected. Do not classify a case as unfounded if there are no leads available, stolen property was recovered, victim refuses to prosecute or the incident seems insignificant.

Exceptional Clearance (78) – For a case to be exceptionally cleared, **all** of the following criteria must be met.

- The identity of the offender must be determined. (You must know his or her name).
- The exact location of the offender must be known.
- The grounds of the criminal charges must be sufficient for prosecution.
- There is some reason(s) beyond your control that prevents you from arresting and prosecuting the offender. Examples include:
 - The offender you are seeking is serving a life without parole sentence for a separate conviction.
 - The offender is in another state/country and extradition is refused.
- In order to exceptionally clear an offense, you **must** select one of the following reasons:
 - Suspect/offender is dead;
 - Prosecution declined/Other prosecution;
 - Extradition denied;
 - Victim refused to cooperate (Lack of prosecution on the part of the victim);
 - Juvenile (no referral); or
 - Death of Victim.
- In order for an exceptional clearance to count for UCR purposes, the following information concerning the offender **must** be provided:
 - Offender's sex;
 - Offender's race;
 - Offender's age or date of birth.
- Cases submitted to the UCR program that do not meet the above criteria will not be counted as cleared by ACJIC.

Reporting Officer and Assisting Officer (79,80) – The officer(s) taking the report should enter their full names and shield/identification numbers in this space.

Supervisor Approval (81) – The reporting officer's supervisor should sign his or her last name in this section to indicate he or she has reviewed and approved the report for accuracy and completeness.

Watch Commander (82) – For paper reporting agencies, the watch commander is to sign his or her name in this space to indicate he or she has reviewed and approved the report for accuracy and completeness.

Page 2 of I/O Report

Administrative Section

Incident/Offense Report - Continued	83 Date of Report (MM/DD/YY)	84 Time of Report	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MIL	85 Agency Case Number	86 Suffix	87	<input type="checkbox"/> Offender <input type="checkbox"/> Suspect <input type="checkbox"/> Missing Person	<input type="checkbox"/> Check if Multiple
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Date of Report (83) – This date should correspond with the date on the front side of the report.

Time of Report (84) – This time should correspond with the time on the front side of the report.

Agency Case Number (85) – This should be the same case number as listed on side one.

SFX (86) – If a suffix is used, put the same suffix as it appears on side one of this report.

Person(s) Involved in Report (87) – Select one of the following to indicate who the information in blocks 133-175 is about: 1) Offender, 2) Suspect, 3) Missing Person or 4) Multiple.

Victim Section

88 Reported By (Last, First, Middle Name) <input type="checkbox"/> Victim Or										89 Suffix		90 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		91 Home Phone		92 Work Phone																	
94 Victim #										95 Victim (Last, First, Middle Name)										96 Suffix		97 Address (Street, City, State, Zip)		98 Home Phone		99 Work Phone							
101 Employer/School										102 Occupation										103 Address (Street, City, State, Zip)										104 Work Phone		105 Other Phone	
106 Sex <input type="checkbox"/> M <input type="checkbox"/> F		107 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		108		109 HGT		110 WGT		111 Date of Birth		112 Age		113 Victim SSN		114 Complainant SSN															
<input type="checkbox"/> Multiple Victims <input type="checkbox"/> LE Officer		115		116 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		117 Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		118 Offender known to victim? <input type="checkbox"/> Yes <input type="checkbox"/> No		119 Victim was? (Explain Relationship.)										120 Relationship Code													
121 Weapons Used <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Hands, Fist, Feet, Voice, etc. <input type="checkbox"/> Other Dangerous										122 Description of Weapons/Firearms/Tools Used in Offense Describe: <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Unknown																							
123 Place of Occurrence (Enter exact street address here.)										124 Type N None I Internal Injury M Minor Injury T Loss of Teeth B Broken Bones L Severe Laceration O Other Major Injury U Unconscious										125 Sector													
126 Circumstances: Homicide & Assault										128 Assault <input type="checkbox"/> Simple <input type="checkbox"/> Aggravated		129 Treatment for Assault? <input type="checkbox"/> Yes <input type="checkbox"/> No		130 Verify for Rape Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No		131 Treatment for Rape? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
127 Location: Rape																																	

Note: Law enforcement officials in Alabama have historically released victim names and telephone numbers to credentialed members of the news media. Placement of this information in this area of the report is not intended to alter that practice. The Chief Law Enforcement Officer retains the discretion to withhold such information but is not required to do so.

Reported by Victim or (88) – List the name of the person who reported the incident or offense. If the person making the report is the victim, put a check mark in the box and drop down to the Victim Section to fill in information. If the person reporting the incident/offense is someone other than the victim, put that person's name in the space provided.

Suffix (89) – Enter any suffix - Sr., Jr., III, IV, etc. – associated with the name of the complainant.

Resident (90) – Check the correct box to indicate whether the victim was a resident or non-resident of the jurisdiction where the incident/offense was reported.

Home Phone (91) – Enter the home phone number of the complainant including area code. If the complainant has no phone, enter the word “none” or leave blank. Keep in mind that phone numbers are important investigative tools.

Work Phone (92) – Enter the work phone number of the complainant including area code.

Other Phone (93) – Enter any other phone or pager number of the complainant including area code.

***Victim Number (94)** – Each victim in an offense is to be assigned a sequence number from 001 to 999. A separate set of victim data is to be submitted for each numbered victim.

The sequence numbers provide uniqueness when there are multiple victims. For example, if three victims were involved in one offense, one victim would be assigned the number 001, the next victim would be designate 002, and the last victim would be 003.

Victim (95) – List the name of the victim here if different from the person who reported the incident or offense.

Suffix (96) – Enter any suffix - Sr., Jr., III, IV, etc. – associated with the name of the victim if different from the complainant.

Address (97) – Enter the actual physical address where the victim can be reached. Be sure to include the street number and name, city, state and zip code. DO NOT give a Post Office Box or General Delivery as an address. Rural route numbers designate a geographic area and are acceptable.

Home Phone (98) – Enter the home phone number of the victim (if different from complainant) including area code. If the victim has no phone, enter the word “none” or leave blank. Keep in mind that phone numbers are important investigative tools.

Work Phone (99) – Enter the work phone number of the victim (if different from complainant) including area code.

Other Phone (100) – Enter any other phone or pager number of the victim (if different from complainant) including area code.

Employer/School (101) – If the victim is a person, list the employer’s name or school he or she is attending. If the victim is unemployed, enter “None” or leave blank. In cases where the

victim is a business or organization, list the name of the person in charge. (Optional data element.)

Occupation (102) – Print the victim's usual occupation such as student, bricklayer, clerk, etc. (Optional data element.)

Address (103) – If the victim is a person, list the victim's complete business address. If the victim is a business or organization, list the home address of the person in charge. (Optional data element.)

Work Phone (104) – If the victim is a person, list his or her business phone. If the victim is an organization, list the home phone of the person in charge. Be sure to include area codes. (Optional data element.)

Other Work Phone (105) – Enter any other business cellular phone or pager number of the complainant including area code.

****Sex (106)** – Select Male (M) or Female (F). (Required data element for victims of Homicide, Rape, Robbery and Assault.)

****Race (107)** – Enter the race of the victim by selecting one of the following codes.

W = White

B = Black

A = Asian or Pacific Islander

I = American Indian or Alaskan Native

(Required data element for Homicide, Rape, Robbery and Assault.)

Language (108) – Select the primary language spoken by the victim/complainant. (Optional data element.)

Height (109) – Enter the approximate height of the victim in feet and inches. Do not use fractional inches. (Optional data element.)

Weight (110) – Enter the approximate weight of the victim. Do not use fractional pounds. (Optional data element.)

****Date of Birth (111)** – Enter the victim's date of birth if known. Enter this in a MMDDYY format. For instance March 17, 2005 – 03/17/05. If the date of birth is unknown or refused, you may estimate the person's age and enter the person's estimated year of birth in the space allotted for the year. (Required data element for Homicide, Rape, Robbery and Assault if victim's age is not entered.)

****Age (112)** – Enter the victim's age in this block. (Required data element for Homicide, Rape, Robbery and Assault if victim's date of birth is not entered.)

Victim SSN (113) - A space is provided to capture the victim's social security number on the I/O report. (Optional data element.) It shall be up to the local agency head to determine whether or not officers should include social security number on I/O reports.

- Note: Even though entering social security numbers is optional and the information is confidential (limited to law enforcement use only), social security numbers can be very helpful in locating individuals at a later date.

Complainant SSN (114) - A space is provided to capture the victim's social security number on the I/O report. (Optional data element.) It shall be up to the local agency head to determine whether or not officers should include social security number on I/O reports.

Multiple Victims/Law Enforcement (LE) Officer (115) – If there are multiple victims and/or LE officer(s) involved, check the appropriate box.

Ethnicity (116) – If the victim was Hispanic, please indicate this in the appropriate box. There is also a blank to allow officers to enter other ethnicities. (Optional data element.)

****Injury (117)** – Check block “y” if there was injury to the victim; check block “n” if there was no injury. (Required data element for Homicide, Rape, Robbery and Assault.)

****Offender Known to Victim? (118)** – Check “y” if offender is known to victim, and check “n” if offender was a stranger. (Required data element for Homicide, Rape, Robbery and Assault.)

****Victim Was? (119)** – Enter the relationship of the victim to the offender. This response should answer the question, “Victim was _____?” (Required data element for Homicide, Rape, Robbery and Assault.)

Relationship Code (120) – Enter the two digit relationship code in the shaded area.

Weapon Used (121) – Select the weapon used. In cases involving pretended weapons, or those in which the weapon is not seen by the victim but the offender claims to have a weapon, check the weapon he or she pretends to have or use. (Required data element for criminal homicide, forcible rape, robbery and assault.)

Please note: “Hands, fists, voice, etc.” pertains to any part of the body used to inflict injury. “Other dangerous weapons” include a baseball bat, crowbar, bottle, candlestick, brass knuckles, etc.

Description of Weapons/Firearms/Tools Used in Offense (122) – You may make a selection from those listed on the printed/electronic form. Additional information may be added to further describe the weapon or device used during the commission of the offense in the space provided. (Optional data element.)

Place of Occurrence (123) – Enter address where event occurred.

Type Injury (124) – For victims of forcible rape, robbery and assault, you may select one of the following:

- N – None
- B – Broken Bones
- I – Internal Injury
- L – Severe Laceration
- M – Minor Injury
- O – Other Major Injury
- T – Loss of Teeth
- U – Unconsciousness

Sector (125) – Local use block.

****Homicide and Assault Circumstance Code (126)** – Enter the code for the circumstance that best describes the Homicide or Assault. (Required data element for homicides and assaults.)

****Rape Location Code (127)** – Enter the code for the circumstance that best describes the offense. (Required data element for rapes.)

Simple or Aggravated Assault (128) – Select simple or aggravated depending on the severity of the assault. (Complete only for assaults.)

- Simple Assault = No physical injuries or injuries are so minor as to require no more than basic first aid procedures.
- Aggravated Assault = Any assault in which a weapon was involved OR any assault where the injuries sustained required treatment by a physician for missing teeth, broken bones, stitches, etc. (Note: Any offense involving a weapon or dangerous instrument other than the offender's hands, fist, feet, voice, etc. is an aggravated assault for UCR reporting purposes.)

Treatment for Assault Injury (129) – If the victim required medical attention for injuries, select “y,” otherwise select “n.” (Complete only for assaults.)

****Verification Exam for Rape (130)** – Select “y” if victim had an exam, and select “n” did not have an exam. (Required data element for rapes only.)

****Treatment for Rape Injury (131)** – Select “y” if victim received medical attention for injuries, and select “n” if victim did not require medical attention. (Required data element for rapes only.)

Suspect/Offender Information

SUSPECT INFORMATION	132 Off #	133 Name (Last, First, Middle)	134 SFX	135 Alias	136 Social Security #	137 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I	138 Sex <input type="checkbox"/> M <input type="checkbox"/> F	139 Date of Birth	140 Age
	141 Address (Street, City, State, Zip)					142 HGT	143 WGT	144 Ethnicity <input type="checkbox"/> Other <input type="checkbox"/> Hispanic	145 Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
	146 Probable Destination				147 Eye	148 Hair	149 Complexion		
	151 Clothing			152 <input type="checkbox"/> Scars <input type="checkbox"/> Marks <input type="checkbox"/> Tattoos <input type="checkbox"/> Amputations			153 <input type="checkbox"/> Arrested <input type="checkbox"/> Dual Arrest (Domestic Violence) <input type="checkbox"/> Wanted		
	154 Off #	155 Name (Last, First, Middle)	156 SFX	157 Alias	158 Social Security #	159 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I	160 Sex <input type="checkbox"/> M <input type="checkbox"/> F	161 Date of Birth	162 Age
	163 Address (Street, City, State, Zip)					164 HGT	165 WGT	166 Ethnicity <input type="checkbox"/> Other <input type="checkbox"/> Hispanic	167 Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
168 Probable Destination				169 Eye	170 Hair	171 Complexion			
173 Clothing			174 <input type="checkbox"/> Scars <input type="checkbox"/> Marks <input type="checkbox"/> Tattoos <input type="checkbox"/> Amputations			175 <input type="checkbox"/> Arrested <input type="checkbox"/> Dual Arrest (Domestic Violence) <input type="checkbox"/> Wanted			

Note: If the “Missing Person” block is checked, this section may be used to report characteristics of the missing person.

Offender # (132, 154) - List the sequence number of this offender in association with the offense(s) being reported. For instance, if there are three suspects in a robbery, then you would report offender numbers 1, 2 and 3.

Name (133, 155) – Enter the last, first and middle name of the offender, suspect or missing person.

Suffix (134, 156) – Enter Sr., Jr., III, IV, etc.

Alias (135, 157) – Enter all nicknames and aliases by which the person is known.

SSN (136, 158) – A space is provided to capture the suspect/complainant/ missing person’s social security number on the I/O report. (Optional data element.) It shall be up to the local agency head to determine whether or not officers should include social security number on I/O reports.

Race (137, 159) – Enter the race of the offender/suspect/missing person.

- W = White
- B = Black
- A = Asian or Pacific Islander
- I = American Indian or Alaskan Native

Sex (138, 160) – Select “M” for male or “F” for female.

Date of Birth (139, 161) – Enter date of birth of the suspect/offender/missing person if known.

Age (140, 162) – Enter the age of the suspect/offender/missing person.

Address (141, 163) – Enter the suspect’s/offender’s/missing person’s physical address. Be sure to include street number and name, city, state and zip. Do not list a Post Office Box or General Delivery as an address. Rural route numbers designate a geographic area and are acceptable.

HGT (142, 164) – Enter the suspect’s/offender’s/missing person’s height in feet and inches. Do not use fractions or decimals.

WGT (143, 165) – Enter the suspect’s/offender’s/missing person’s weight in pounds. Do not use fractions or decimals.

Ethnicity (144, 166) – If the suspect/offender/missing person was Hispanic, please indicate this in the appropriate box. There is also a blank to allow officers to enter other ethnicities. (Optional data element.)

Language (145, 167) – Select the primary language spoken by the suspect/offender/missing person. (Optional data element.)

Probable Destination (146, 168) – Enter the probable destination of the suspect/offender/missing person if known.

Eye (147, 169) – Enter the eye color of the suspect/offender/missing person.

Hair (148, 170) – Enter the hair color of the suspect/offender/missing person.

Complexion (149, 171) – Enter the suspect’s/offender’s/missing person’s complexion type. (E.g. Light, medium, dark, etc.)

Armed/Weapon (150, 172) – Select “Yes” if the suspect/offender/missing person is armed, or if he or she may be armed. Select “No” if you are positive the suspect/offender/missing person is not armed. Select “Unknown/UNK” if it is not known whether the person is armed. If “Yes” is selected for “Armed,” enter the type of suspected weapon here. (E.g. Pistol, rifle, knife, etc.)

Clothing (151, 173) – If known, enter a brief description of the clothing worn by the suspect/offender/missing person when he or she was last seen.

Scars, Marks, Tattoos, Amputations (152, 174) – Enter any and all known scars, marks, tattoos and clothing which may be used to identify the suspect/offender/missing person.

Arrested/Wanted/Dual Arrest (153, 175) – Select “Yes” or “No” to indicate whether the suspect/offender/ missing person has been arrested or if they are wanted.

Dual Arrest – This box only applies to domestic violence cases. Check this box in the event both the primary aggressor and victim are arrested.

Witness Information

WITNESSES	Name (Last, First, Middle)	Sex	Race	Date of Birth	Address	Contact Telephone Numbers	
	176	177 <input type="checkbox"/> M <input type="checkbox"/> F	178 <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I	179	180	181 Home	182 Work
	184	185 <input type="checkbox"/> M <input type="checkbox"/> F	186 <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I	187	188	189 Home	190 Work 191 Other
	192	193 <input type="checkbox"/> M <input type="checkbox"/> F	194 <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I	195	196	197 Home	198 Work 199 Other
200 Witness # 1 SSN				201 Witness # 2 SSN		202 Witness # 3 SSN	

The witness section of the paper I/O report allows you to enter up to four names, addresses, dates of birth, sex, race, phone numbers and social security numbers. For paper reporting agencies, additional witness information should be included on a supplement sheet.

Name (176, 184, 192) – Enter the last, first and middle name of the witness.

Sex (177, 185, 193) – Select the witness’s sex.

Race (178, 186, 194) – Select the witness’s race.

Date of Birth (179, 187, 195) – Enter the witness’s date of birth.

Address (180, 188, 196) – Enter the witness’s physical address including street number, street name, city, state and zip code. Do not list a Post Office Box or General Delivery as an address. Rural route numbers designate a geographical area and are acceptable.

Home Phone (181, 189, 197) – Enter the witness’s home telephone number including area code. If the witness does not have a home telephone, enter none or leave blank.

Work Phone (182, 190, 198) – Enter the witness’s business telephone number including area code. If the witness does not have a business telephone, enter none (for paper reports) or leave blank (for electronic reports).

Other Phone (183, 191, 199) – Enter any other cellular phone or pager number of the witness including area code.

SSN’s (200, 201, 202) – You may enter social security numbers. While this information is not required, it may be helpful in locating witnesses in the future. It shall be up to the local agency head to determine whether or not officers should include social security number on I/O reports.

Narrative Section

NARRATIVE	203										
204 Continued on Supplement <input type="checkbox"/> Yes <input type="checkbox"/> No		205 Assisting Agency ORI		206 Assisting Agency Case Number			207 SFX	208 Warrant Signed <input type="checkbox"/> Yes <input type="checkbox"/> No		Warrant #	<input type="checkbox"/> Continued on Supplement
											209 Add. Cases Closed Narrative <input type="checkbox"/> Y <input type="checkbox"/> N
I hereby affirm that I have read this report and that all the information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying the agency if any stolen property or missing person herein reported is returned.										210	211 Local Use
Signature _____											212 State Use

Narrative (203) – The primary purpose of this section of the I/O report is to inform others about the event being reported. Officers should strive to answer the following questions when writing a narrative:

- Who was involved?
- What happened?
- When did it happen?
- Where did it happen?
- How did it happen?
- Why did it happen?

This section should tell the story of the officer's actions and all other involved persons' actions as they relate to the event being reported. Remember, when writing the narrative, you are telling the story to someone who does not know any of the facts surrounding the event. The narrative should give the reader a clear picture of the event as observed by the reporting officer.

The narrative section is also used to expand upon or continue any items on the rest of the report where additional space or explanation is needed. If the narrative section of the paper report is not large enough to allow you to give all of the details that need to be included, use an I/O supplement as a continuation sheet. When using a supplement, remember to indicate this on the appropriate box on the form.

Continued on Supplement (204) – Check this box to indicate more information is contained on a supplemental form.

Assisting Agency ORI (205) – Enter the ORI of any agency providing assistance with the case.

Assisting Agency Case Number (206) – If an assisting agency has assigned its own case number to the incident/offense enter this number here.

Suffix (207) – If the assisting agency's case number uses a suffix, enter it here.

Part IV – Alabama Incident/Offense Report Supplement

When a “Supplement” is Required

The Supplement Report (supplement) is used to record information or action taken on a case after the submission of the IO report. Supplements are used:

- As continuation sheets for the IO report when there is insufficient narrative space on the IO report and additional reporting space is needed;
- To report recovered property;
- To report additional stolen property;
- To change stolen or recovered property values;
- To change an offense code; and/or
- To indicate the disposition of a case.

There is no limit to the number of supplements that may be completed during the investigation of a single case. However, the only reports sent to ACJIC are supplements:

- For additional stolen property;
- For recovered property;
- To change an offense;
- To unfound a case; and/or
- To clear a case.

Completing the Supplement

The supplement form is designed to aid the investigating officer. It is made up of identifiable sections and numbered blocks providing a place for recording elements which link the supplement to the original IO report.

“Front Page” of Supplement

1 ORI # AL	2 Agency Name	3 Date and Time of Report M D Y	4 Case #	5 SFX
---------------	---------------	------------------------------------	----------	-------

***ORI Number (1)** – There is space for nine digits in this box. (Required data element.)

Agency Name (2) – Enter the name of your law enforcement agency.

***Date and Time of This Report (3)** – Enter the date this report was written using numbers to indicate the month (“M”), day (“D”) and year (“Y”) of the report. Enter the time of the report (minutes followed by hours) and check AM, PM or Mil (military or 24-hour clock). (Required data element.)

***Case Number (4)** – Always enter the Agency Case Number that appears on the original IO report. (Required data element.)

Suffix (5) – If a suffix was used on the original IO report, use the exact same case number on the supplement.

Event Section

EVENT	8 Victim's Name (Original Report)				7 Original Offense Date M D Y		8 Type Report <input type="checkbox"/> Continuation <input type="checkbox"/> Follow-Up	
	9 Original Incident/Offense				10 UCR Code		11 State Code/Local Ordinance	
	12 New Incident/Offense				13 UCR Code		14 State Code/Local Ordinance	
	15 Has an Arrest Been Made? <input type="checkbox"/> Yes <input type="checkbox"/> No		16 Date of Arrest M D Y		17 Has a Warrant Been Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No Warrant #		18 Date of Warrant M D Y	
19 Prior Year Year Premise Weapon								
20 <input type="checkbox"/> Defendant <input type="checkbox"/> Suspect Name: Race: <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: M D Y Age:				21 <input type="checkbox"/> Defendant <input type="checkbox"/> Suspect Name: Race: <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: M D Y Age:				

Victim's Name (6) – Enter the victim's name in this block. In order to prevent confusion, enter the exact name as it appears on the original report.

***Date of Original Report (7)** – Enter the date by month ("M"), day ("D") and year ("Y") that appears on the original IO report. (This is a required data element.)

Type Report (8) – Select the appropriate choice to indicate the purpose of the supplement.

- Continuation – Check this if you are completing the supplement because you ran out of room on the narrative section of the original IO report.
- Follow up – Check this if you have additional information to report on a case.

***Original Incident/Offense (9)** – Enter the original incident or offense as it appears on the IO report. (This is a required data element for prior year cases, or if you are changing an incident/offense code.)

***UCR Code (10)** – Required data element.

State Code (11) – Enter the state code citation for the offense. (e.g. 13A-7-6.)

New Incident/Offense (12) – Complete this block only if there is a change in the incident/offense originally reported. If you are making a change in this block, explain the reason for the change in the narrative.

UCR Code (13) – Required data element.

State Code (14) – Enter the state code citation for the offense. (e.g. 13A-7-6.)

Has an Arrest Been Made (15) – Check “Yes” if an arrest has been made, and check “No” if an arrest has not been made.

Date of Arrest (16) – If an arrest was made, indicate the month (“M”), day (“D”) and year (“Y”) in this block.

Has a Warrant Been Obtained (17) – If no warrant has been obtained, check “No.” If a warrant has been obtained, check “Yes” and enter the warrant number.

Date of Warrant (18) – If a warrant has been obtained, indicate the month (“M”), day (“D”) and year (“Y”) in this block.

Prior Year (19) – This is a shaded block. Leave it blank.

Defendant’s Name (20, 21) – If the offender(s) is known, enter his or her full name.

Local Use (22) – This is an optional data element. It is designed for your agency’s local use. Either alpha or numeric characters may be entered here.

State Use (23) – This area is designated for use by ACJIC.

Value Section (24-63) – After each article and its respective value is listed in the narrative, the totals of each property category must be entered in the appropriate block or blocks in this section. Each category contains six lines.

- S (Stolen)
- R (Recovered)
- D (Damaged or Destroyed)
- C (Confiscated)
- B (Burned)
- F (Forged or Counterfeited)

Please note you may only enter one dollar value in each line, so the amount entered on each line should represent the total value of the articles stolen, recovered, damaged/destroyed, confiscated, burned or forged/counterfeited. For instance, three gold watches each worth \$1,000 are stolen in a burglary. Each watch should be listed individually (along with a description and any identifying numbers) in the narrative section. In the value section, you should enter \$3,000 in the “S” line under the “jewelry” category.

DOLLAR VALUE		C O		B R	
22 Local Use		24 Aircraft		26 Alcohol	
23 State Use		25 Autos		27 Bicycles	
29 Clothes/Furs		30 Computer Hardware/Software		32 Credit/Debit Cards	
35 Farm Equipment		36 Firearms		38 Heavy Construction/Industrial Eq.	
41 Livestock		42 Merchandise		44 Negotiable Instruments	
47 Other Motor Vehicle		43 Money		45 Non-negotiable Instruments	
53 Structure - Other Dwelling		46 Purses/Handbags/Wallets		48 Office Equipment	
59 Tools		54 Structure - Other Commercial		51 Recreational Vehicles	
60 Trucks		55 Structure - Industrial/Manufacturing		52 Structure - Single Occupancy Dwelling	
61 Vehicle Parts/Accessories		56 Structure - Public/Community		57 Structure - Storage	
62 Watercraft		58 Structure - Other		59 Structure - Other	
63 Other		64 Motor Veh. Stolen in Your Jurisdiction?		65 Recovered in Your Jurisdiction?	
66 Case #		67 SFX		68 Case #	
69 SFX		70 Case #		71 SFX	
72		73		74	

Motor Vehicle Stolen in Your Jurisdiction (64) – If the motor vehicle was stolen in your jurisdiction, select “Y.” If the motor vehicle was not stolen in your jurisdiction, check “N” and indicate where it was recovered.

Recovered in Your Jurisdiction (65) – If the motor vehicle was recovered in your jurisdiction, check “Y.” If the motor vehicle was not recovered in your jurisdiction, check “N” and list where it was recovered.

Multiple Cases Closed (66-71) – These blocks allow for paper reporting agencies to close up to three cases at the same time as long as they are all cleared by the same disposition type. If suffixes were included on the original report, they need to be reported here.

Additional Cases Closed in Narrative (72) – Select “yes” or “no” to indicate whether additional cases are closed in the narrative. You may close up to 18 additional cases in the narrative.

Administrative Section – This section contains information about the reporting/ assisting officer in the case, case status and dispositional information.

ADMINISTRATIVE	73 Case Status	74 Case Disposition:	Exceptional Clearance (Circle One)		75 Reporting Officer	ID #
	<input type="checkbox"/> Pending <input type="checkbox"/> Inactive <input type="checkbox"/> Closed	1 Cleared by Arrest (Juvenile) 2 Cleared by Arrest (Adult) 3 Unfounded 4 Exceptional Clearance 5 Administratively Cleared	A Suspect/Offender Dead B Prosecution Declined/Other Prosecution C Extradition Denied D Victim Refused to Cooperate E Juvenile (No Custody) F Death of Victim		76 Assisting Officer	ID #
	Entered ACJIC/NCIC <input type="checkbox"/> M D Y				77 Supervisor Approval	ID #
					78 Watch Cmdr	ID #

Case Status/Entered ACJIC/NCIC (73) – A case status should be indicated for all cases including non-criminal incidents.

- Pending – The case is considered pending if any additional information is required by follow-up investigation or if the case is under active investigation.
- Inactive – The case is unsolved and every reasonable avenue of investigation has been pursued and exhausted. No arrests have been made, and all active investigation has been terminated.
- Closed – The case is declared closed for UCR purposes when the entire matter has been completed and no additional police action is required. If a case is closed, disposition information must be provided.
- Entered ACJIC/NCIC – If you have entered any information from the report into the ACJIC/NCIC network, indicate yes and provide the date entered.

Case Disposition (74) – Indicates how and why a case was closed.

- Cleared by Arrest (Adult/Juvenile) – An offense is “cleared by arrest” or solved for crime reporting purposes when at least one person is arrested, charged with the commission of the offense and turned over to the court for prosecution. If an arrest was made, indicate whether the defendant was under 18 (juvenile) or 18 years of age or older (adult).
- Unfounded – If a complaint is found to be false or baseless after investigation, then this category should be selected. Do not classify a case as unfounded if there are no leads available, stolen property was recovered, victim refuses to prosecute or the incident seems insignificant.
- Exceptional Clearance – For a case to be exceptionally cleared, **all** of the following criteria must be met.
 - The identity of the offender must be determined. (You must know his or her name).
 - The exact location of the offender must be known.
 - The grounds of the criminal charges must be sufficient for prosecution.
 - There is some reason(s) beyond your control that prevents you from arresting and prosecuting the offender. Examples include:
 - The offender you are seeking is serving a life without parole sentence for a separate conviction.
 - The offender is in another state/country and extradition is refused.
 - In order to exceptionally clear an offense, you **must** select one of the following reasons:
 - Suspect/offender is dead;

- Prosecution declined/Other prosecution;
- Extradition denied;
- Victim refused to cooperate (Lack of prosecution on the part of the victim);
- Juvenile (no referral); or
- Death of victim.
- In order for an exceptional clearance to count for UCR purposes, the following information concerning the offender **must** be provided:
 - Offender's sex;
 - Offender's race;
 - Offender's age or date of birth.
- Cases submitted to the UCR program that do not meet the above criteria will not be counted as cleared by ACJIC.

Reporting Officer and Assisting Officer (75, 76) – The officer(s) taking the report should enter their full names and shield/identification numbers in this space.

Supervisor Approval (77) – The reporting officer's supervisor should sign his or her last name in this section to indicate he or she has reviewed and approved the report for accuracy and completeness.

Watch Commander (78) – The watch commander is to sign his or her name in this space to indicate he or she has reviewed and approved the report for accuracy and completeness.

“Back Page” of Supplement

ADDITIONAL INCIDENT/OFFENSE NARRATIVE CONTINUED		79 Date and Time of Arrest			.	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MIL	80 Case #	81 SFX
		M	D	Y				
		82 Type Report: <input type="checkbox"/> 1. Continuation			<input type="checkbox"/> 2. Follow-up			
NARRATIVE								

Date and Time of This Report (79) - Enter the date this report was written using numbers to indicate the month (“M”), day (“D”) and year (“Y”) of the report. Enter the time of the report (minutes followed by hours) and check AM, PM or Mil (military or 24-hour clock).

Case Number (80) – Always enter the Agency Case Number that appears on the original IO report.

Suffix (81) – If a suffix was used on the original IO report, use the exact same case number on the supplement.

Narrative (82) – The back of the supplement provides additional space for narrative. If more space is needed, check the box and continue on and an additional supplement form. This section should also be used to record your activity and all developments in the case subsequent to the last report. Check the appropriate box if the narrative is continued on the back of the supplement. Examples of items to be placed in the narrative include the following.

- A description and value of each item of additional property stolen or recovered.
- Names of persons arrested.
- An explanation of any changes to the incident/offense from what was indicated on the original IO report.
- Disposition of recovered property.
- Case status and case disposition.
- The section and item numbers continued from the IO report.

Part V – Arrest Report Instructions

General Information

The arrest form is composed of five basic sections which provide a complete record on all persons arrested. The sections of an arrest form include:

- Identification of the person arrested;
- Details of the arrest;
- Details on vehicles and items seized at the time of arrest;
- Juvenile arrestee information; and
- Release information.

The paper arrest report is designed to allow for up to four charges per person arrested.

When an Arrest Report is Required

An arrest report is required every time every time an officer makes a criminal arrest. Arrest reports provide a complete arrest history record and are a source of information for locating persons at a later date.

In cases involving juveniles, complete an arrest report if:

- The juvenile is processed for judicial action;
- The juvenile is handled by the department and released to another agency; and/or
- The juvenile is handled by the department and released to his or her parents for disciplinary action.

Identification Section – In the upper right hand corner of the paper report, check “yes” or “no” to indicate whether or not the arrestee was fingerprinted. Also indicate whether or not the green R84 Disposition Form was completed and forwarded to the court clerk.

IDENTIFICATION	1 ORI # A L		2 Agency Name										3 Case #										4 SFX			
	5 Last, First, Middle Name														6 Alias AKA											
	7 Sex <input type="checkbox"/> M <input type="checkbox"/> F		8 Race <input type="checkbox"/> W <input type="checkbox"/> B		9 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		10 Hgt		11 Wgt		12 Eye		13 Hair		14 Skin		15 <input type="checkbox"/> Scars <input type="checkbox"/> Marks <input type="checkbox"/> Tattoos <input type="checkbox"/> Amputations									
	16 Place of Birth (City, County State)										17 SSN										18 Date of Birth M D Y		19 Age		20 Miscellaneous ID #	
	21 SID #				22 Fingerprint Class Key Major Primary SCDV Sub-Secondary Final										23 DL#				24 St							
	25 FBI #				26 Identification Comments																					
	27 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident				28 Home Address (Street, City, State, Zip)										29 Residence Phone ()				30 Occupation (Be Specific)							
	31 Employer (Name of Company/School)										32 Business Address (Street, City, State, Zip)										33 Business Phone ()					

***ORI Number (1)** – Enter the seven digit agency identification number in this block. Do not put the AL in this block. (This is a required data element.)

Agency Name (2) – The name of your law enforcement agency. (Optional data element - as this is indicated by the ORI.)

***Case Number (3)** – A case number may be up to twelve digits and must be a unique number. Whenever possible, enter the case number of the related I/O report as this will ensure you agency can clear the case and get credit for the arrest. (Required data element.)

Suffix (4) – If a suffix was used on the original I/O report, make sure you include the same suffix in this field. The suffix can also be used to indicate multiple offenders associated with a single offense. (Optional data element.)

- Example: Three people are arrested for a burglary. The burglary was originally assigned the case number 050317123. The arrests should be reported as:
 - First arrest – 050317123
 - Second arrest – 050317123-A
 - Third arrest – 050317123-B

By entering the arrest case numbers as shown, your agency will get credit for a clearance and three arrests.

Name (5) – Enter the last, first and middle name of the arrestee.

Alias/AKA (6) – Enter any and all aliases and/or nicknames used by the arrestee.

***Sex (7)** – Select male or female. (Required data element.)

***Race (8)** – Enter the race of the arrestee by selecting one of the following codes.

W = White

B = Black

A = Asian or Pacific Islander

I = American Indian or Alaskan Native

(Required data element.)

Ethnicity (9) – Select Hispanic if this applies. Other or additional entries can be made by checking the Other box and entering the correct response in the space provided. (This space may also be used to indicate the victim's national origin which may be important in reporting and investigating hate crimes.)

HGT (10) – Enter the arrestee's height in feet and inches. Do not use fractions or decimals.

WGT (11) – Enter the arrestee's weight in pounds. Do not use fractions or decimals.

Eye (12) – Enter the arrestee's eye color.

Hair (13) – Enter the arrestee’s hair color.

Skin (14) – Enter the arrestee’s complexion type. (E.g. Light, medium, dark, etc.)

Scars, Marks, Tattoos, Amputations (15) – Enter any and all known scars, marks, tattoos and amputations which may be used to identify the arrestee.

Place of Birth (16) – Enter the city, county, state and country where the arrestee was born.

Social Security Number (17) – Enter the arrestee’s Social Security Number. If this number cannot be obtained voluntarily, leave blank.

Date of Birth (18) – Enter the arrestee’s date of birth. For paper reports, enter this in a MMDDYY format. For instance March 17, 2005 – 03/17/05. If the date of birth is unknown or refused, you may estimate the person’s age and enter the person’s estimated year of birth in the space allotted for the year.

Age (19) – Enter the arrestee’s actual or estimated age.

Miscellaneous ID Number (20) – Enter any other identification number assigned to the arrestee and indicate the type of number. Examples include: student ID #’s, military ID #’s, hunting license #’s, etc.)

SID Number (21) – This is the number assigned to the arrestee after the fingerprint card is sent the Alabama Bureau of Investigation (ABI).

Fingerprint Class (22) – This block will be completed at a later date once the fingerprints have been classified.

Driver’s License Number (23) – If available, enter the arrestee’s driver’s license number.

State (24) – Enter the state where the driver’s license was issued.

FBI Number (25) – This number is assigned after the felony fingerprint card is sent to the FBI.

Identification Comments (26) – Enter any additional descriptive information about the arrestee. Examples include: wears glasses, has a moustache, walks with a limp, etc.

Resident/Nonresident (27) – If the arrestee lives in your jurisdiction, select “resident.” If the person lives outside of your jurisdiction, select “nonresident.”

Home Address (28) – Enter the actual physical address where the arrestee lives. Be sure to include the street number and name, city, state and zip code. DO NOT give a Post Office Box or General Delivery as an address. Rural route numbers designate a geographic area and are acceptable.

Residence Phone (29) – Enter the arrestee’s home telephone number including area code.

Occupation (30) – Enter the arrestee’s usual occupation.

Employer (31) – Enter the name of the arrestee’s employer (boss or business name) or the school he or she attends. If the arrestee is unemployed, leave blank or enter “unemployed.”

Business Address (32) – Enter the business address of the arrestee’s employer including street, city, state and zip code.

Business Phone (33) – Enter the business telephone number of the arrestee’s employer including area code.

ARREST	34 Location of Arrest (Street, City, State, Zip)				35 Sector #		36 Arrested for Your Jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In State <input type="checkbox"/> Out of State Agency	
	37 Condition of Arrestee: <input type="checkbox"/> Drunk <input type="checkbox"/> Sober <input type="checkbox"/> Drinking <input type="checkbox"/> Drugs		38 Resist Arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No		39 Injuries? <input type="checkbox"/> None <input type="checkbox"/> Officer <input type="checkbox"/> Arrestee		40 Armed? <input type="checkbox"/> Y <input type="checkbox"/> N	
	42 Date of Arrest: M D Y		43 Time of Arrest: AM <input type="checkbox"/> PM <input type="checkbox"/> MIL <input type="checkbox"/>		44 Day of Arrest: S M T W T F S S		45 Type of Arrest? <input type="checkbox"/> On View <input type="checkbox"/> Warrant <input type="checkbox"/> Call	
	46 Arrested Before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		41 Description of Weapon: <input type="checkbox"/> Handgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Rifle <input type="checkbox"/> Other Weapon <input type="checkbox"/> Shotgun					
	47 Charge - 1 <input type="checkbox"/> Fel <input type="checkbox"/> Misd		48 UCR Code		49 Charge - 2 <input type="checkbox"/> Fel <input type="checkbox"/> Misd		50 UCR Code	
	51 State Code/Local Ordinance		52 Warrant #		53 Date Issued: M D Y		54 State Code/Local Ordinance	
	55 Warrant #		56 Date Issued: M D Y		57 Charge - 3 <input type="checkbox"/> Fel <input type="checkbox"/> Misd		58 UCR Code	
	59 Charge - 4 <input type="checkbox"/> Fel <input type="checkbox"/> Misd		60 UCR Code		61 State Code/Local Ordinance		62 Warrant #	
	63 Date Issued: M D Y		64 State Code/Local Ordinance		65 Warrant #		66 Date Issued: M D Y	
	67 Arrest Disposition: <input type="checkbox"/> Held <input type="checkbox"/> Tot - LE <input type="checkbox"/> Bail <input type="checkbox"/> Other <input type="checkbox"/> Released		68 If Out On Release What Type?		69 Arrested with (1) Accomplice (Full Name)			
				70 Arrested with (2) Accomplice (Full Name)				

Location of Arrest (34) – Enter the complete address or geographic location of the place where the arrest occurred.

Sector (35) – Enter the sector (beat, district, census tract, etc) used by your agency to identify the geographical area where the arrest occurred. Entries may be alpha or numeric. If you agency does not use sector identifiers, leave this data element blank.

Arrested for Your Jurisdiction (36) – Indicate whether the arrest was made for an offense committed in your jurisdiction, another jurisdiction within Alabama or out of state by selecting the appropriate box. If the person was arrested for another jurisdiction, enter the agency’s name in the appropriate box.

Condition of Arrestee (37) – Indicate whether the arrestee was drunk, drinking, sober or on drugs.

Resist Arrest (38) – Indicate if the arrestee resisted arrest. If “yes” is selected, be sure to document the circumstance in the narrative/remarks section.

Injuries (39) – If no injuries occurred during the course of the arrest, select “none.” If injuries were involved, indicate if the arrestee and/or the officer(s) were injured. If injuries occurred, be sure you document the circumstances and the extent of the injuries.

Armed (40) – Indicate if the person arrested was armed at the time of arrest by selecting “yes” or “no.”

Description of Weapon (41) – If the arrestee was armed, describe the weapon in his or her possession by selecting the appropriate category. If the weapon is something other than a firearm, select other weapon and enter descriptive information in the space provided.

***Date of Arrest (42)** - Enter the date of arrest in a MMDDYY format. (Required Data Element.)

Time of Arrest (43) – Times on paper reports may be entered as AM, PM or Military (24 hour clock). Put the time in the blocks provided and check the correct time type.

Day of the Week (44) – Indicate the day of the week on which the arrest occurred.

Type of Arrest (45) – Indicate whether the arrest was: 1) on view, 2) on call or 3) result of a warrant.

Arrested Before (46) – Select “yes,” “no,” or “unknown” to indicate the person’s previous arrest history.

Charge (47, 49, 57, 59) – For paper reporting agencies, there are spaces to list up to four charges. List each offense the person is charged with committing. Be sure to check the appropriate box to indicate if the offense is a felony or misdemeanor.

UCR Code (48, 50, 58, 60) – The UCR clerk should enter the code(s) corresponding to each offense committed.

State Code (51, 54, 61, 64) – Enter the state statute(s) the arrestee is charged with committing.

Warrant Number (52, 55, 62, 65) – If the arrest is made on the basis of a warrant, enter the warrant number in this block.

Date Issued (53, 56, 63, 66) – Enter the date the warrant was issued using a MMDDYY formation.

Arrest Disposition (67) – Indicate how the arrest was disposed by selecting the appropriate choice.

- Held – Held in custody
- Bail – Released on bail or own recognizance
- Released – Release with no formal charges filed

- TOT-LE – Turned over to another law enforcement agency
- Other – Indicate disposition in the “Additional Arrest Information Section” or “Remarks” section.

If out on release, what type (68) – If released on bail, indicate the type and amount of bond posted. If out on work release, pre-trial diversion, etc. indicate which program.

Arrested With (69, 70) – Enter the full name(s) of any person(s) arrested with the subject in connection with the alleged offense.

Vehicle Section

VEHICLE	71 VYR	72 VMA	73 VMO	74 VST	75 VCO	Top	76 Tag #	77 LIS	78 LIY	
						Bottom				
	79 VIN						80 Impounded?	81 Storage Location/Impound #		
							<input type="checkbox"/> Yes <input type="checkbox"/> No			
82 Other Evidence Seized/Property Seized										
<input type="checkbox"/> Continued in Narrative										

VYR – Vehicle Year (71) – Enter the last two digits of the year to indicate the year the vehicle was manufactured.

VMA – Vehicle Make (72) – Enter the make of the vehicle. (Ford, Chevrolet, Toyota, etc.)

VMO – Vehicle Model (73) – Enter the model of the Vehicle. (Explorer, Corvette, Camry, etc.)

VST – Vehicle Style (74) – Enter the style of the vehicle. (2-door sedan, 4-door sedan, etc.)

VCO – Vehicle Color (75) – Enter the color of the vehicle. If the vehicle is two colors, you may enter the top color and the bottom color on the paper report.

Tag Number (76) – Enter the complete license tag number.

LIS (77) – Enter the state that issued the license tag.

LIY – License Year (78) – Enter the year the tag was issued or expires as displayed on the tag.

VIN – Vehicle Identification Number (79) – Enter the complete VIN number.

Impounded (80) – Indicate if the vehicle was impounded.

Storage Location/Impound (81) – Enter the exact physical address where the vehicle is stored or enter the impound number assigned to this vehicle.

Other Evidence Seized (82) – List any and all evidence seized by your department during the arrest. If inadequate space is provided, continue listing property on the back side of report. Also include any ACIC/NCIC responses on vehicle and/or property.

Juvenile Section – Complete this section only if the person arrested is under 18 years of age.

JUVENILE	83 Juvenile Disposition: <input type="checkbox"/> Handled and Released <input type="checkbox"/> Ref. to Welfare Agency <input type="checkbox"/> Ref. to Adult Court <input type="checkbox"/> Ref. to Juvenile Court <input type="checkbox"/> Ref. to Other Police Agency		84 Released To	
	85 Parent or Guardian (Last, First, Middle Name)		86 Address (Street, City, State, Zip)	87 Phone ()
	88 Parents Employer	89 Occupation	90 Address (Street, City, State, Zip)	91 Phone ()

Juvenile Disposition (83) – Select one of the following responses to indicate how the juvenile was handled. (Required data element for all juvenile arrests.)

- Handled and released (no charges)
- Referred to juvenile court
- Referred to welfare agency (Department of Human Resources)
- Referred to other police agency
- Referred to adult court

Released to (84) – If the juvenile was released, enter the name of the person or agency to whom the juvenile was released.

Parent or Guardian (85) – Enter the last, first and middle name of the parent or legal guardian.

Address (86) - Enter the actual physical address of the parent or guardian. Be sure to include the street number and name, city, state and zip code. DO NOT give a Post Office Box or General Delivery as an address. Rural route numbers designate a geographic area and are acceptable.

Phone (87) – Enter the parent or guardian’s home telephone number including area code.

Employer (88) – Enter the name of the parent or guardian’s employer (boss or business name) or the school he or she attends. If the parent or guardian is unemployed, leave blank or enter “unemployed.”

Occupation (89) – Enter the parent or guardian’s usual occupation.

Address (90) – Enter the business address of the parent or guardian’s employer including street, city, state and zip code.

Phone (91) – Enter the business telephone number of the parent or guardian’s employer including area code.

Release Section – This section is to be completed when an arrestee is released or turned over to another law enforcement agency.

RELEASE	92 Date and Time of Release M D Y . <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MIL				93 Releasing Officer Name				94 Agency/Division				95 ID #				
	96 Released To								97 Agency/Division				98 Agency Address				
	99 Personal Property Released to Arrestee <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial								100 Property Not Released/Held At:				101 Property #				
	102 Remarks (Note Any Injuries at Time of Release)																
103 Signature of Receiving Officer												104 Signature of Releasing Officer				Local Use 	
																State Use 	

Date and Time of Release (92) – Dates on paper reports should be entered using a MMDDYY format. (Example: March 17, 2005 = 03/17/05.)

Releasing Officer (93) – Enter the name of the releasing officer.

Agency/Division (94) – Enter the releasing authority’s name or division.

ID Number (95) – Enter the ID number or shield number of the releasing officer.

Released to (96) – Enter the name of the person to whose custody the arrestee was released.

Agency/Division (97) – Enter the police agency or division, bail bondsman, etc. to whom the arrestee was released.

Agency Address (98) – Enter the city and state of the receiving agency.

Personal Property Released to Arrestee (99) – If all personal property was released to the arrestee, select “yes.” If no personal property was released to the arrestee, check “no.” If part of the arrestee’s personal property was released, select “partial.”

Property Not Released Held At (100) – If any personal property was not released to the arrestee, enter the location of said property.

Property Number (101) – Enter the identification number assigned to the arrestee’s property.

Remarks (102) – Make any other additional comments concerning the arrestee or his personal property at the time of arrest.

Signature of Receiving Officer (103) – Have the receiving officer or person receiving the arrestee sign this space.

Signature of Releasing Officer (104) – Have the releasing officer sign his/her name in this space.

Local Use Block – The shaded local use block is provided for local agency use. Information put in this block should be determined by your local agency. Entries may be alpha or numeric.

State Use Block – This shaded block should be left blank.

MULTIPLE CASES CLOSED	105 Case #	106 SFX	107 Case #	108 SFX	109 Case #	110 SFX	111	MULTIPLE CASES CLOSED NARRATIVE <input type="checkbox"/> Y <input type="checkbox"/> N
112 Arresting Officer (Last, First, M.)			113 ID #	114 Arresting Officer (Last, First, M.)			115 ID #	116 Supervisor ID #
								117 Watch Cmdr. ID #

Multiple Cases Closed (105-110) – This section allows agencies to close up to three cases with one reported disposition. (Paper reports only.) All cases closed in this section, must have a disposition of arrest (either adult or juvenile).

Additional Cases Closed in Narrative (111) – Select “yes” or “no.” You can list up to 18 additional cases in the narrative section. (Paper reports only.)

Arresting Officer (112, 114) – Enter the name of the officer(s) making the arrest.

ID Number (113, 115) – Enter the ID number or badge number of the officer(s) making the arrest.

Supervisor ID Number (116) – The supervisor should initial the report and include his or her badge number in this section.

Watch Commander ID Number (117) – The supervisor should initial the report and include his or her badge number in this section.

“Page 2” of Arrest Report

ADDITIONAL ARREST NARRATIVE CONTINUED		118 Date and Time of Arrest			:	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MIL	119 Case #										120 SFX	
		M	D	Y														
NARRATIVE	121 Additional Arrest Information																	

Date and Time of Arrest (118) – Dates on paper reports should be entered using a MMDDYY format. (Example: March 17, 2005 = 03/17/05.) Times may be entered as AM, PM or Military (24 hour clock). Put the time in the blocks provided and check the correct time type.

Case Number (119) – Enter the case number from the front of page.

SFX (120) – If a suffix is used on the front page, enter the same suffix year.

Additional Arrest Information (121) – In the space provided, list any additional information related to this arrest. Multiple pages may be used for this purpose, just be sure to check the block at the bottom of the narrative section to indicated that a report is continued.

Appendix A: Code Sheet

CODE SHEET

Assault Circumstances		Homicide Circumstances		Rape Locations	
A01	Argument	H01	Argument	R01	Victim's Car
A02	Argument Over Money	H02	Argument Over Money	R02	Offender's Car
A03	Argument Over Boyfriend	H03	Argument Over Boyfriend	R03	Victim's Residence
A04	Argument Over Girlfriend	H04	Argument Over Girlfriend	R04	Offender's Residence
A05	Argument Over Weapon	H05	Argument Over Weapon	R05	Alley/Street
A06	Bar-Room Brawl	H06	Bar-Room Brawl	R06	Parking Lot
A07	Burglary Attempt	H07	Burglary Attempt	R07	Wooded Area
A08	Child Abuse	H08	Child Abuse	R08	Office Building
A09	Domestic Violence	H09	Domestic Argument	R09	School
A10	Fight	H10	Fight	R10	Apartment Complex
A11	Fleeing Suspect/Police	H11	Fleeing Suspect/Police	R11	Vacant Lot
A12	Gambling	H12	Gambling	R12	Vacant House/Building
A14	Kidnapping/Stranger	H13	Homicide/Suicide	R13	Dirt Road
A15	Kidnapping/Non-Custodial	H14	Kidnap/Murder	R14	Residence of Offender's Friend or Relative
A16	Mental Problem	H15	Lovers Quarrel	R15	Motel/Hotel
A17	Mugging	H16	Mental Problem	R16	Lounge/Bar
A18	Drive By Shooting	H17	Mugging	R17	Commercial
A19	Playing With Weapon	H18	Drive By Shooting	R18	Park
A22	Race Related	H19	Playing With Weapon	R19	Church
A24	Self Defense	H20	Rape	R20	Residence of Victim's Friend or Relative
A25	Unknown	H21	Rape Attempt	R21	Public Building
A27	Revenge	H22	Race Related	R22	Trailer Park
A28	Ambush	H23	Robber Killed by Victim	R23	Hospital
A29	Dealing in Drugs	H24	Self Defense	R24	Lake/Beach
A30	Bootlegging	H25	Unknown	R25	Railroad Tracks
A31	Police Officer Assault	H26	Victim Killed by Robber	R26	Prison/Correctional Inst
A32	Gang Fight	H27	Revenge	R27	Cemetery
A33	Arson	H28	Ambush	R98	Other
A36	Stalking	H29	Dealing in Drugs	R99	Unknown
A37	Aggravated Stalking	H30	Bootlegging		
		H31	Police Officer Assault		
		H32	Gang Fight		
		H33	Arson		
		H34	Murder for Hire		
Relationship Codes for Relation of Victim to Offender					
Husband.....	HU.....	01	Step Son.....	SS.....	14
Wife.....	WI.....	02	Step Daughter.....	SD.....	15
Common-Law Husband.....	CH.....	03	Other Family.....	OF.....	16
Common-Law Wife.....	CW.....	04	Neighbor.....	NE.....	17
Father.....	FA.....	05	Acquaintance.....	AC.....	18
Mother.....	MO.....	06	Boyfriend.....	BF.....	19
Son.....	SO.....	07	Girlfriend.....	GF.....	20
Daughter.....	DA.....	08	Ex Boyfriend.....	XB.....	21
Brother.....	BR.....	09	Ex Girlfriend.....	XG.....	22
Sister.....	SI.....	10	Ex Husband.....	XH.....	23
In-Law.....	IL.....	11	Ex Wife.....	XW.....	24
Step Father.....	SF.....	12	Employee.....	EE.....	25
Step Mother.....	SM.....	13	Employer.....	ER.....	26
			Friend.....	FR.....	27
			Homosexual.....	HO.....	28
			Stranger.....	ST.....	29
			Unknown.....	UN.....	30
			Customer.....	CU.....	31
			Clerk/Cashier.....	CL.....	32
			Co-Worker.....	CO.....	33
			Delivery Worker.....	WR.....	34
			Teacher/Student.....	TS.....	35
			Child in Common.....	CC.....	36
			LandLord/Leasee.....	LL.....	37
			Protected Person.....	PP.....	38

Appendix B: Sample Uniform Crime Reporting Forms